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THE ADMINISTRATION

OF

MEDICAL RELIEF

TO THE

OUT-PATIENTS AT HOSPITALS.

Culpari metuit fides.



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THE writer of the following pages, deeply sensible of the value and importance of the charitable institutions of his country (to one of which he has the honour to belong) and being desirous of laying before the public, the results of his long practical experience, recently addressed to the Editor of *The Times* a letter; which was so flatteringly received and forcibly commented on by that journal, that he is now induced to reprint his observations.

The author's only object being to promote the welfare of mankind, he trusts that others interested in the administration of medical relief to the working classes, and anxious to correct the deficient system for the destitute sick, will give the subject their serious attention.

R. G. W.



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TO THE EDITOR OF "THE TIMES."

SIR,—Having read with considerable attention some time ago the report of Dr. Guy's paper, discussed at the Statistical Society last December, "On the Nature and Extent of the Benefits conferred by Hospitals on the Working Classes and the Poor," I regret to find that a subject of such national importance should at the present time have remained so long without comment ; particularly as the appointment of the medical officers of health would have afforded a good opportunity of calling upon them at the onset of their sanitary duties to co-operate in some better system for the medical relief of the working classes and the destitute poor.

Without going into the very valuable and interesting statistical records which, it appears, are kept at King's College Hospital, my intention is to show to the benevolent public that the existing system of out-patient relief, as practised at most of the leading hospitals, is as great an abuse of charity as indiscriminate almsgiving

in the streets ; and not only an abuse of the charity, and an injustice to the medical profession, but a moral evil.

It appears that Dr. Guy, in his paper, places particular stress on the abuse of *the working classes* receiving gratuitous advice and medicine ; a point on which I cannot agree with him. If the funds of the hospitals are to be diverted from the original intention* of the founders, my opinion is that the genuine working classes, who are struggling hard to maintain their families creditably by incessant labour, are more legitimate objects than the destitute pauper for hospital out-door relief. The former cannot always command employment, owing to the great fluctuation of business, and other circumstances over which they have no control, and may be said truly to be earning a precarious subsistence ; and even among the smaller tradespeople, it would be very difficult to draw the line between competence and incompetence. On the other hand, as regards the sick paupers, their requirements would lead me to consign them to that attendance which ought to be afforded at the union workhouses ; where at the same time, they would obtain that assistance in their destitution which the hospitals do not pretend to dispense, but without which medicine is only an useless expenditure.

It may not be generally understood that the Poor Law provides for sickness as well as destitution ; that each workhouse has its hospital, or a number of beds especially appropriated for diseased persons. This ar-

* By the ancient records at the endowed hospitals the property is devised for "the sustentacon of the poore in the new erected hospitalls," the funds of which "shall wholly be bestowed, employed, and go to the relief and sustentacon of the poore aforesaid ;" the rules also are for the "good governance of the poore to be keapte within," and the governors are "to see the same poore well ordered and keapte."

rangement, carried out independently and with judgment, might be made one of the greatest boons that could be conferred on the poor, and, indirectly, on the public ; instead of which the former look upon it with horror and distrust ; the latter only consider how they can avoid the additional cost of this form of parochial relief. The guardians, in their anxiety to keep down the poor-rates, practise a most mistaken economy, and, by their want of liberality and attention to the poor, have ultimately to support, at a much greater cost, many widows and orphans. To show that workhouse hospitals are totally unprovided with necessaries to alleviate the sufferings of the poor, and that their sanitary arrangements are defective, I need only refer to a very clever brochure* “on the Hospital system of London,” (the author of which evidently has spared no trouble to get accurate information either at home or abroad, and has put some very startling facts on record) ; and to a late report by Dr. Bence Jones, in *The Times* of February last, “on the accommodation for the sick in the hospital of the St. Pancras Workhouse.” As regards the number of medical men appointed to each of these establishments, there appears to be no system ; their remuneration is

* This brochure unfortunately was not separately published. The author strongly contrasts the Hospital system of Paris and Vienna with the management of the London hospitals ; he comments on the number of beds in relation to the population, the number of patients treated in proportion to the beds, and the expenditure per bed in every hospital.

In each capital, according to his statement, there is a very striking difference in the cost per bed, and also (as will be seen by the following table) of the number of patients treated in proportion to the beds.

In London . 38,126	} patients are treated in	{	4,242 beds=	8.9 patients per bed.
In Paris . . 87,007			6,854 „	=12.13 „
In Vienna . 38,265			3,464 „	=11.12 „

inadequate to the arduous duties they have to perform ; not unfrequently they have to provide medicine in addition (which for various reasons ought never to be allowed)—and thus it is not surprising that the poor get neglected, and are forced to seek relief elsewhere. Not only are they driven by these defective arrangements, but they are actually encouraged by the parish officers to resort to the endowed hospitals,—increasing, most unsatisfactorily, the expenditure of these institutions, greatly diminishing their sphere of usefulness, and filling their wards with chronic affections which ought to be equally well treated in the workhouse infirmary. As an instance of—to use the mildest terms—the shortsightedness and inhumanity of Boards of Guardians, I may here remark that, at each outbreak of cholera, they have sacrificed hundreds of lives by not providing in time sufficient assistance for the union medical officers ; who, from their overtaxed powers, more particularly at that season of depression, have been compelled, most unwillingly, to connive at the removal of patients from their homes, and even out of their beds, exposed to cold and damp, to delay for hours in the administration of medical appliances, and to consequent risk of the greatest chance of recovery in a disease which entirely depends upon prompt treatment. I would have an inquest held upon every such case, and I have no hesitation in stating that the average mortality would very soon be sensibly diminished. It is quite time, at all events, that the care of the sick poor should be placed, as a system, under a general commission of competent persons, and not left to the tender mercies of the parochial authorities.

While Dr. Guy over estimates, I think, the abuse of Hospital relief by the working classes, he does not, to

my mind, dwell sufficiently on this much greater abuse ; that many persons in affluence, rich in this world's wealth, but poor in mind, to their shame, never hesitate to seek advice and medicine from the hospitals as paupers ; committing not only a moral deception and defrauding the private practitioner of that which, under a better system, would fall to his lot, but (at hospitals where any limitation is made to the daily number of patients) often preventing, by their impudent assurance, the humble labourer from obtaining that relief to which he is more justly entitled. Neither does Dr. Guy refer to an abuse, practised to a considerable extent by persons who go from hospital to hospital, obtaining medicine as out-patients, purely for the sake of selling it ;—a fraud which, until some different plan is adopted, it is impossible to prevent. I may also mention the impostors who frequently resort to hospitals as out-patients for certificates to impose either on their clubs or on the charitably disposed ; pretending to require assistance for the support of themselves and families, while they are spending their time and club-money in idleness and dissipation. Among minor abuses may be named the dyspeptic drunkard, the hypochondriac, the misanthrope, and the destitute pauper. Not least too, the habitual medicine taker !—for medicine has its votaries, as well as spirit,—old women, who are fond of cordial waters and antispasmodics, and are not content without swallowing the medicines of various hospitals at the same time, or who, when a physician does not exactly accommodate his prescription to their taste, will go outside the dispensary and deliberately empty their bottle down the drain.

Having named some of the evils to which the present

system of out-patient relief is liable, with all due respect to Dr. Guy's very able report, I will venture to dissent from the plan suggested by him for their correction.

I do not think that the "charge of 1s. on out-patients at their second visit" would succeed; but my belief is, that it would be the means of opening a new door for still greater abuse. It would enable the person having paid 1s., to demand as a right what is now only granted upon sufferance, and can therefore be withdrawn or refused on any occasion of misconduct. It would also be the excuse for an additional demand upon the charitable, who have already too many calls upon their sympathies. Some years ago, when it was the custom at the London hospitals to charge a small fee for the admission of a patient into the hospital, large sums were obtained under false pretences, until the nuisance became so notorious that it was abandoned. The 1s. would be difficult of collection, especially where the "really poor" had to be exempted; nor do I think that it would afford an addition to the funds of any charity worth consideration. At the commencement of the eighteenth century a fee of 6*d.* was paid at some of the large hospitals by every out-patient on first obtaining a letter. The practice was discontinued about the year 1725, being considered oppressive to the poor.

To adopt the French system of administering medicine and relief to the necessitous poor at their domiciles would at first be almost impracticable. It would require an unity of purpose, and an unity of purse. It would, for many years, be met with conflicting objections from governors, guardians, and officers, medical and non-medical, of hospitals, infirmaries, dispensaries, and unions,

all anxious, after their own particular fashion, to emulate or supersede each other.

The dispensaries in London are the nearest approximation to the Parisian system* of *attendance at the homes of the poor* ; which is the only efficient plan, both morally and medicinally ; the only way to guard against, if not prevent abuse, to secure to the poor afflicted mechanic and indigent pauper that assistance which he requires in his need, and to the public the introduction of practical sanitary measures.

It is not only that out-patients are an immense annual expense to the hospitals, without any equivalent advantage either to the public or the poor, but they occasion other inconvenience. Not the least is, that they require a great number of subordinate medical appointments ; and the assistants, thus appointed, having once gained a footing, cannot be passed over at any subsequent election for the senior or full appointment. This routine system, which is now everywhere so highly deprecated, is well known to be the inducement for young men to undertake the troublesome and arduous

* In Edinburgh, I believe, a still greater similarity prevails. Since the appearance of this letter in the *Times*, the writer is indebted to J. McDonnell, Esq., M.D., of Dublin, one of the Poor Law Commissioners, for copies of their elaborate annual reports on the medical charities of Ireland. It appears that Government has for the last four years adopted, to a great extent, in Ireland the system which the writer advocates for London and England. In the second report are appended excellent maps indicating the radius of attendance around the county Infirmaries, and also the Grand Jury Fever Hospitals throughout the whole country.

These reports, and a recent one of the Commissioners appointed to enquire into the hospitals of Dublin, ought to be attentively read by every person interested in the subject of medical relief for the poor.

duties, and not, as might be supposed, the practice they acquire, nor the remuneration they receive. The result is, that on any vacancy it would be deemed unfair for any man of higher professional character to become the opponent of an assistant who may have performed these minor duties for some years ; and for obvious reasons it is unlikely that such a person would be a candidate for the junior office.

An objection of equal, if not of paramount importance, is that while so large a sum is annually diverted from the original intention of the founders, it is impossible to make sufficient provision for "the poor to be keapete within." The population of London has greatly increased within the last few years, during which time the number of beds in the hospitals collectively has not increased in proportion ; neither does the hospital accommodation in the capital of Great Britain bear comparison with that which is afforded in many of the large continental cities of Europe.

The practical results to be obtained from the treatment of out-patients are most unsatisfactory, and never to be relied on—half the medicine that is prescribed being untaken, or so irregularly taken that it is questionable whether it does more harm or good.

Of late years the voluntary contributions for the support of many dispensaries have materially decreased. Partly this depends on the non-residence of the gentry in their immediate localities ; but chiefly on the great facilities so indiscriminately afforded at the large hospitals for all classes to obtain advice and medicine, rendering (it is supposed, by those who do not look beneath the surface) a subscription to the dispensary

a mere waste of money. From an experience of nearly forty years with out-patients, I consider the dispensaries, when properly managed, “of all charities the least liable to abuse, and the most prolific of benefits.”

Until a comprehensive system throughout England can be effectually carried out, I would suggest that the various authorities interested in the different charities should consult together, with a view to accord to each (taking into consideration the infirmaries, dispensaries, unions, and the population) a district whence to receive out-patients,* and that appropriate persons, under stringent regulations, be authorized to sign and distribute the district recommendations.

In according to each metropolitan hospital, &c., its respective district, the primary object should be so to define its limits in relation to the locality of the institution, as to enable the authorities to make arrangements with their medical officers, that the sick poor residing in the district, when unable to attend at the medical board, should be visited at their own homes.† Many

* This needs not interfere with the present rights of governors to recommend patients for out-treatment.

† This would not be unattended with difficulty, from the position of the hospitals, which, when built, had relative consideration to the densely populated localities in which they were erected. London was at that time not only the residence of the poor and humble artisan, but of its “merchant princes” and nobles. It is now a labyrinth of warehouses, out of fashion for the dwellings of the latter classes, and much too valuable for the former, who, in the present day, are compelled to retire even into the country, to make way for metropolitan improvements, railway speculations, and the public convenience; and, from the facilities afforded by railway speed and frequent communication, in many instances, find it cheaper to seek their habitations beyond the suburbs, which are gradually extending to an almost indefinite distance.

facilities for the requisite organisation are already at hand. For, medical schools being attached to all the metropolitan hospitals, there would be much competition among young men completing their studies, to gain the distinction and instructive opportunities of such an engagement. To them, under the superintendence and responsibility of their seniors (with whom they would have the advantage of daily consultation) a large share of the duty might properly be entrusted, as a reward of merit; and they could, with great advantage to the poor, be made responsible for procuring an admission to the wards of the hospital for all cases of urgent illness.

In the appointed districts it would not be too much to expect that police magistrates, officers of health, parish officers, and other persons in authority, should be accessible to the poor, for the purpose of certifying in any particular case, as to the fitness of the applicant as an object for charitable medical advice. It is a very bad compliment to the philanthropy of a governor of any charity to state that he ought "not to be called upon to take the trouble to sign the papers, or to be responsible for his recommendation, as well as to give his money." Now, I cannot for one allow such a principle. During my knowledge of the governors of the hospital, I have always found them most willing to take any amount of trouble; but in fact, generally speaking, the trouble of inquiry falls upon a lady member of the governor's family, and he has only to sign the recommendation.

I hope to see, at any rate, the commencement of a well-digested and thoroughly organized system of attendance on the sick poor at their own homes. During the cholera epidemic of 1849 and 1854, the only

effectual check in all parts of the kingdom was house to house visitation ; and there is no reason why the same results may not be obtained in other cases of disease, whether epidemic or otherwise.

I am, Sir, your obedient servant,

R. G. WHITFIELD,

Resident Medical Officer, St. Thomas's Hospital.

